

BILL ANALYSIS

H.B. 4330
By: Geren
County Affairs
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Interested parties note the need for a program to help entities in Tarrant County draw down available federal funding to assist with previously unreimbursed health care costs. H.B. 4330 seeks to address this need by providing for a health care provider participation program for the Tarrant County Hospital District.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 4330 amends the Health and Safety Code to provide for a Tarrant County Hospital District health care provider participation program. The bill authorizes the district's board of hospital managers to authorize the district to participate in the program on the affirmative vote of a majority of the board. The bill authorizes the board to require a mandatory payment by an institutional health care provider in the district under the program, authorizes the board to adopt rules relating to the administration of the program, provides for certain institutional health care provider reporting, and defines, among other terms, "institutional health care provider" as a nonpublic hospital located in the district that provides inpatient hospital services.

H.B. 4330 provides for an annual public hearing on the amounts of any mandatory payments that the board intends to require during the year and how the revenue derived from those payments is to be spent. The bill provides for the designation of one or more banks as a depository for the district's local provider participation fund and provides for the creation, composition, and use of the fund.

H.B. 4330 provides for the amount, assessment, and collection of a mandatory payment. The bill authorizes the board to provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services to the extent any provision or procedure under the bill's provisions causes a mandatory payment to be ineligible for federal matching funds, sets out provisions relating to such rules, and conditions the district's assessment and collection of a mandatory payment on an applicable waiver program, uniform rate enhancement, or reimbursement being available to the district. The bill authorizes the district to require and collect certain mandatory payments if the Centers for Medicare and Medicaid Services issues a certain disallowance of federal matching funds and the Health and Human Services Commission demands repayment from the district of applicable federal funds

paid to the district. The bill sets the district's authority to administer and operate a health care provider participation program to expire December 31, 2019, but establishes that such expiration expressly does not affect the district's authority to require and collect such a mandatory payment after such date if necessary.

H.B. 4330 requires the board, as soon as practicable after the expiration of the district's authority to administer and operate a health care provider participation program, to transfer to each institutional health care provider in the district that provider's proportionate share of any remaining funds in any local provider participation fund created by the district.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2017.